

#### **Law Offices of Bennet & Bennet, PLLC**

#### Maryland

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**District of Columbia** 

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#### **REDACTED - FOR PUBLIC INSPECTION**

October 22, 2013

#### Via Hand Delivery and ECFS

Marlene H. Dortch, Secretary Office of the Secretary Federal Communications Commission 445 12<sup>th</sup> Street, SW Washington, D.C. 20554

Re: WC Docket No. 10-90; WC Docket No. 11-42

2013 ETC Annual Report of Pine Belt Telephone Company, Inc.

Study Area Code: 250315

Dear Ms. Dortch:

On behalf of Pine Belt Telephone Company, Inc. ("Pine Belt Telephone") and pursuant to Sections 54.313 and 54.422 of the Commission's rules, we are filing the confidential and redacted versions of Pine Belt Telephone's FCC Form 481 - Carrier Annual Reporting Data Collection Form. Pine Belt Telephone seeks confidential treatment under Protective Order for section 54.313(f)(2) financial information. The redacted version is also being filed on this date via the FCC's Electronic Comment Filing System.

If you have any questions regarding this filing, please contact the undersigned.

Respectfully submitted,

/s/ Kenneth C. Johnson

By:

Kenneth C. Johnson Bennet & Bennet, PLLC 6124 MacArthur Boulevard Bethesda, MD 20816

Direct No.: (202) 551-0015

Attachment

cc: Charles Tyler, Telecommunications Access Policy Division (two copies, confidential)

<sup>&</sup>lt;sup>1</sup> 47 C.F.R. §§ 54.313, 54.422

<sup>&</sup>lt;sup>2</sup> Connect America Fund et al., WC Docket No. 10-90 et al., Protective Order, DA 12-1857 rel. Nov. 16, 2012 (Protective Order). 47 C.F.R. §54.313(f)(2).

	m 481 - Carrier Annual Reporting Illection Form		FCC Form 481 OMB Control No. 3060-09 July 2013	986/OMB Control No. 3060-0819
<010>	Study Area Code	250315		
<015>	Study Area Name	PINE BELT TEL CO		
<020>	Program Year	2014		
<030>	Contact Name: Person USAC should contact with questions about this data	Donna Counselman		
<035>	Contact Telephone Number: Number of the person identified in data line <030	334-385-4025 >		
<039>	Contact Email Address: Email of the person identified in data line <030>	cores@pinebelt.net		
				54.313 54.422 Completion Completion
ANNUA	L REPORTING FOR ALL CARRIERS			Required Required
<100>	Service Quality Improvement Reporting	(complete attached wo	orksheet)	(check box when complete)
<200> <210>	Outage Reporting (voice) < check box if	(complete attached we	orksheet)	V V
<310>	Unfulfilled Service Requests (voice)  Detail on Attempts (voice)  Unfulfilled Service Requests (broadband)	0 (attach descriptive do	ocument)	<u> </u>
<330>	Detail on Attempts (broadband)	(attach descriptive do	ocument)	
<400> <410> <420> <430> <440> <450>	Number of Complaints per 1,000 customers (voice Fixed Mobile Number of Complaints per 1,000 customers (broad Fixed Mobile		1	V V
<510> <600> <610> <700> <710> <800> <900> <1000> <1100> <1110> <1110>	Service Quality Standards & Consumer Protection    250315a1510     Functionality in Emergency Situations     250315a1610     Company Price Offerings (voice)     Company Price Offerings (broadband)     Operating Companies and Affiliates     Tribal Land Offerings (Y/N)?     Voice Services Rate Comparability     Terrestrial Backhaul (Y/N)?     Terms and Condition for Lifeline Customers	Rules Compliance  (check to indicate cert (attached descriptive dc (check to indicate cert (attached descriptive dc (complete attached wc (complete attached wc (complete attached wc (complete attached wc (check to indicate cert (attach descriptive dc (if not, check to indicate cert (complete attached wc (complete attached wc	icument)  ification)  icument)  irksheet)  irksheet)  irksheet)  irksheet)  ification)  icument)  ification)  irksheet)	
<2000> <2005>	Price Cap Carriers, Proceed to <u>Price Cap Addition</u> .  Including Rate-of-Return Carriers affiliated with Price Cap Addition.  Rate of Return Carriers, Proceed to <u>ROR Addition</u> .	rice Cap Local Exchange Carriers (check to indicate cert (complete attached wo	orksheet)	
<3000> <3005>		(check to indicate cert (complete attached wo		<i>v</i>

	ervice Quality Improvement Reporting Illection Form	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
<010>	Study Area Code 250315	
<015>	Study Area Name PINE BELT TE	СО
<020>	Program Year 2014	
<030>	Contact Name - Person USAC should contact regarding this data Donna	Counselman
<035>	Contact Telephone Number - Number of person identified in data line <030> 334	885-4025
<039>	Contact Email Address - Email Address of person identified in data line <030> coa	es@pinebelt.net
<110>	Has your company received its ETC certification from the FCC?	(yes / no )
<111>	If your answer to Line <110> is yes, do you have an existing §54.202(a) "5 year plan" filed with the FCC?	(yes / no ) O
<112>	If your answer to Line <111> is yes, then you are required to file a progress report, on line <112> delineating the status of your company's existing § 54.202(a) "5 year plan" on file with the FCC, as it relates to your provision of voice telephony service.  Attach Five-Year Service Quality Improvement Plan or, in subsequent years, your annual progress report filed pursuant to 47 C.F.R. § 54.313(a)(1). If your com CETC which only receives frozen support, your progress report is only required to address voice telephony service.	any is a
	Please check these boxes below to confirm that the attached PDF, on line 112, contains a progress report on its five-year service quality improvement plan pursuant to § 54.202(a). The information shall be submitted at the wire center level or census block as appropriate.	Name of Attached Document (.pdf)
<113>	Maps detailing progress towards meeting plan targets	
<114>	Report how much universal service (USF) support was received	
<115>	How (USF) was used to improve service quality	
<116>	How (USF)was used to improve service coverage	
<117>	How (USF) was used to improve service capacity	
<118>	Provide an explanation of network improvement targets not met in the prior calendar year.	

(200) Service Outage Reporting (Voice)	FCC Form 481
Data Collection Form	OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013

<010>	Study Area Code	250315	
<015>	Study Area Name	PINE BELT TEL CO	
<020>	Program Year	2014	
<030>	Contact Name - Person USAC should contact regarding this data	Donna Counselman	
<035>	Contact Telephone Number - Number of person identified in data line <030> 334-385-4025		
<039>	Contact Email Address - Email Address of person identified in data line <030> cores@pinebelt.net		

<220>

	<a></a>	<b1></b1>	<b2></b2>	<b3></b3>	<b4></b4>	<c1></c1>	<c2></c2>	<d></d>	<e></e>	<f></f>	<g></g>	<h></h>
Ī	NORS									Did This Outage		
	Reference	Outage Start	Outage Start	Outage End	Outage End	Number of		911 Facilities	Service Outage	Affect Multiple		
	Number	Date	Time	Date	Time	<b>Customers Affected</b>	Total Number of	Affected	Description (Check		Service Outage	Preventative
							Customers	(Yes / No)	all that apply)	(Yes / No)	Resolution	Procedures
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•	ce Offerings including Voice Rate Data lection Form		FCC Form 481  OMB Control No. 3060-0986/OMB Control No. 3060-0819  July 2013		
			July 2013		
<010>	Study Area Code	250315			
<015>	Study Area Name	PINE BELT TEL CO			
<020>	Program Year	2014			
<030>	Contact Name - Person USAC should contact regarding this data	Donna Counselman			
<035>	Contact Telephone Number - Number of person identified in data line <03	)> 334-385-4025			
<039>	<039> Contact Email Address - Email Address of person identified in data line <030> cores@pinebelt.net				
<701>	Residential Local Service Charge Effective Date 1/1/2	13			
<702>	Single State-wide Residential Local Service Charge				

<703>

	<a1></a1>	<a2></a2>	<a3></a3>	<b1></b1>	<b2></b2>	<b3></b3>	<b4></b4>	<b5></b5>	<c></c>
Ī					Residential Local			Mandatory Extended Area	
-	State	Exchange (ILEC)	SAC (CETC)	Rate Type	Service Rate	State Subscriber Line Charge	State Universal Service Fee	Service Charge	Total per line Rates and Fees
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(710) Broadband Price Offerings	FCC Form 481
Data Collection Form	OMB Control No. 3060-0986/OMB Control No. 3060-0819
	July 2013

<010>	Study Area Code	250315	
<015>	Study Area Name	PINE BELT TEL CO	
<020>	Program Year	2014	
<030>	Contact Name - Person USAC should contact regarding this data	Donna Counselman	
<035>	5> Contact Telephone Number - Number of person identified in data line <030> 334-385-4025		
<039>	9> Contact Email Address - Email Address of person identified in data line <030> cores@pinebelt.net		

<711>	<a1></a1>	<a2></a2>	<b1></b1>	<b2></b2>	<c></c>	<d1></d1>	<d2></d2>	<d3></d3>	<d4></d4>
	State	Exchange (ILEC)	Residential Rate	State Regulated Fees	Total Rate and Fees	Broadband Service - Download Speed (Mbps)	Broadband Service - Upload Speed (Mbps)	Usage Allowance (GB)	Usage Allowance Action Taken When Limit Reached {select }
			S-0	o ottoobod					
			Se work	e attached sheet					

(800) Op	erating Companies		FCC Form 481
Data Coll	ection Form		OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
<010>	Study Area Code	250315	
<015>	Study Area Name	PINE BELT TEL CO	
<020>	Program Year	2014	
<030>	Contact Name - Person USAC should contact regarding this data	Donna Counselman	
<035>	Contact Telephone Number - Number of person identified in data line <0	30> 334-385-4025	
<039>	Contact Email Address - Email Address of person identified in data line <0	30> cores@pinebelt.net	
<810>	Reporting Carrier PINE BELT TEL CO		
<811>	Holding Company		
<812>	Operating Company		

<813>	<a1></a1>	<a2></a2>	<a3></a3>
_	Affiliates	SAC	Doing Business As Company or Brand Designation
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-	See a	ttached works	heet
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900) Tril	bal Lands Reporting			FCC Form 481
Data Collection Form				OMB Control No. 3060-0986/OMB Control No. 3060-0819
				July 2013
242		250315		
<010>	Study Area Name			
<015>	Study Area Name	PINE BELT TEL CO		
<020>	Program Year  Contact Name - Person USAC should contact regarding this data	Donna Counselman		
<030> <035>	Contact Name - Person OSAC should contact regarding this data  Contact Telephone Number - Number of person identified in data line			
<039>	Contact Telephone Number - Number of person identified in data line			
<0392	Contact Email Address - Email Address of person identified in data fill	e <030> cores@pineb	Delt.net	
<910>	Tribal Land(s) on which ETC Serves			
.020:	T that Comment Francisco and Oblination			
<920>	Tribal Government Engagement Obligation	Nama	of Attached Decument / adf	1
		Name	e of Attached Document (.pdf	1
	If your company serves Tribal lands, please select (Yes,No, NA) for			
	each these boxes to confirm the status described on the attached			
	PDF, on line 920, demonstrates coordination with the Tribal			
	government pursuant to § 54.313(a)(9) includes:			
		Select		
		(Yes,No,		
		NA)		
<921>	Needs assessment and deployment planning with a focus on Tribal	,		
13217	community anchor institutions;			
<922>	Feasibility and sustainability planning;			
<923>	Marketing services in a culturally sensitive manner;			
<924>	Compliance with Rights of way processes			
<925>	Compliance with Land Use permitting requirements			
<926>	Compliance with Facilities Siting rules			
<927>	Compliance with Environmental Review processes			
	Compliance with Cultural Preservation review processes			
<928> <929>	Compliance with Tribal Business and Licensing requirements.	<del></del>		

•	o Terrestrial Backhaul Reporting ection Form	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
<010>	Study Area Code	250315
<015>	Study Area Name	PINE BELT TEL CO
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Donna Counselman
<035>	Contact Telephone Number - Number of person identified in data line <030>	> 334-385-4025
<039>	Contact Email Address - Email Address of person identified in data line <030	> cores@pinebelt.net
<1120>	Please check this box to confirm no terrestrial backhaul options exist within the supported area pursuant to § 54.313(G)	
<1130>	Please check this box to confirm the reporting carrier offers broadband service of at least 1 Mbps downstream and 256 kbps upstream within the supported area pursuant to § 54.313(G)	

ifeline	erms and Condition for Lifeline Customers ection Form			FCC Form 481  OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
<010>	Study Area Code	2	250315	
<015>	Study Area Name		PINE BELT TEL CO	
<020>	Program Year		2014	
<030>	Contact Name - Person USAC should contact regarding this data		Donna Counselman	
<035>	Contact Telephone Number - Number of person identified in data I	ine <030>	334-385-4025	
<039>	Contact Email Address - Email Address of person identified in data	line <030>	cores@pinebelt.net	
<1210> <1220>	Terms & Conditions of Voice Telephony Lifeline Plans  Link to Public Website		nme of attached document (.pdf)	ocuments/Lifeline_Services_TelCo_20121113.pdf
	"Please check these boxes below to confirm that the attached PDF, on line 1210, or the website listed, on line 1220, contains the required information pursuant to § 54.422(a)(2) annual reporting for ETCs receiving low-income support, carriers must annually report:			
<1221>	Information describing the terms and conditions of any voice telephony service plans offered to Lifeline subscribers,	~		
<1222>	Details on the number of minutes provided as part of the plan,	V		
<1223>	Additional charges for toll calls, and rates for each such plan.	~		

(2000) P	rice Cap Carrier Additional Documentation		FCC Form 481
	lection Form		OMB Control No. 3060-0986/OMB Control No. 3060-0819
Including	Rate-of-Return Carriers affiliated with Price Cap Local Exchange Carriers		July 2013
<010>	Study Area Code 250315		
<015>	Study Area Name PINE BEI	T TEL CO	
<020>	Program Year 2014		
<030>	Contact Name - Person USAC should contact regarding this data Donna Co	unselman	
<035>	contact receptions trained in actions and actions actions	885-4025	
<039>	Contact Email Address - Email Address of person identified in data line <030> core	s@pinebelt.net	
CHECK +	he boxes below to note compliance as a recipient of Incremental Connect America Pha	se I sunnort frozen High Cost sunnort High Cost sunnort to offset	access charge reductions, and Connect America Phase II
CHECK	·	nformation reported on this form and in the documents attached I	
	34pport as 3ct 101th 111 47 ct 11 3 341313(3))(4))(4))(4)	morniation reported on this form and in the documents attached i	Scient is decarate.
	Incremental Connect America Phase I reporting		
<2010>	2nd Year Certification (47 CFR § 54.313(b)(1))		
<2011>	3rd Year Certification {47 CFR § 54.313(b)(2)}		
	5. a . a		
	Price Cap Carrier Receiving Frozen Support Certification (47 CFR § 54.312(a))		
<2012>	2013 Frozen Support Certification		
<2013>	2014 Frozen Support Certification		
<2014>	2015 Frozen Support Certification		
<2015>	2016 and future Frozen Support Certification		
	Price Cap Carrier Connect America ICC Support {47 CFR § 54.313(d)}		
<2016>	Certification Support Used to Build Broadband		
	Connect America Phase II Reporting {47 CFR § 54.313(e)}		
<2017>	3rd year Broadband Service Certification		
<2018>	5th year Broadband Service Certification		
<2019>	Interim Progress Certification		
<2020>	Please check the box to confirm that the attached PDF , on line 2021,		
	contains the required information pursuant to § 54.313 (e)(3)(ii), as a recipient	İ	
	of CAF Phase II support shall provide the number, names, and addresses of		
	community anchor institutions to which began providing access to broadband		
	service in the preceding calendar year.		
<2021>	Interim Progress Community Anchor Institutions	Name of Attached Document Listing Required Information	

OMS Control No. 398-098-0048 Control No. 398-0	` '	ate Of Return Carrier Additional Documentation		FCC Form 481  OMB Control No. 3060-0986/OMB Control No. 3060-0819
	Data Col	lection Form		
Soling MacCode				,
Study Area Name   F.188   BELT TEL   CO	<010>	Study Area Code 250315		
Contact Name - Person USAC should contact regarding this data   Doztona Course Intendigent   Contact Email Address - Email A		Study Area Name PINE BEL	T TEL CO	
Contact Treatmone Number - Number of person identified in data line G3D0   334-385-4025		8		
CHECK the boxes below to note compliance on its five year service quality plan [pursuant to 47 CFR § 54.202(a)] and, for privately held carriers, ensuring compliance with the financial reporting requirements set forth CFR § 54.313(f)(2). [further certify that the information reported on this form and in the documents attached below is accurate.  Progress Report on 5 Year Plan  Progress Contains the required information pursuant to 5 54.313(f)(1)(i)(i)  Please check the slow to to confirm that the attached DF, on line 3012, contains the required information pursuant to 5 54.313(f)(1)(i)(i) as a receiver of CAV Plane is support shall provide the number, names, and associated to be administration of the number, names, and access to broadhand service in the preceding calculatory varie.  Community Anchor institutions (AT CFR § 54.313(f)(1)(ii)(ii)(ii)(ii)(ii)(ii)(iii)(iii)		ŭ ŭ		
Progress Report on S Year Plan    State   Progress Report on S Year Plan   Progress Report on S Yea				
Milestone Certification (47 CFR § 54.313(f)(1)(ii)   Please check this box to confirm that the attached PDF , on line 3012, contains the required information pursuant to § 54.313(f)(1)(iii) as a decision of CAF Phase II support shall provide the number, names, and addresses of community anchor institutions (47 CFR § 54.313(f)(1)(iii)   Please Check the box to confirm that the thatched PDF, on line 3012, community Anchor Institutions (47 CFR § 54.313(f)(1)(iii)   Please Check these boxes to Community anchor Institutions (47 CFR § 54.313(f)(1)(iii)   Please Check these boxes to Community anchor Institutions (47 CFR § 54.313(f)(1)(iii)   Please Check these boxes to confirm that the tatched PDF, on line 3017, contains the required information pursuant to § 54.313(f)(2) compliance requires.    Please Check these boxes to confirm that the attached PDF, on line 3017, contains the required information pursuant to § 54.313(f)(2) compliance requires.   Please Check these boxes to confirm that the attached PDF, on line 3017, contains the required information pursuant to \$5.43.31(f)(2) compliance requires.   Please Check these boxes to confirm that the attached PDF, on line 3017, contains the required information pursuant to \$5.43.31(f)(2) compliance requires.   Please Check these boxes to confirm that the attached PDF, on line 3018, please check the boxes below to confirm your submission, on line 3018, please check the boxes below to confirm your submission, on line 3018, please check the boxes below to confirm your submission, on line 3018, please check the boxes below to confirm your submission, on line 3018, please check the boxes below to confirm your submission, on line 3018, please check the boxes below to confirm your submission, on line 3018, please check the boxes below to confirm your submission, on line 3018, please check the boxes below to confirm your submission, on line 3018, please check the boxes below to confirm your submission, on line 3018, please check the boxes below to confirm your submission, on l	CHECK			
Please check this box to confirm that the attached PDF, on line 3012, contains the required information pursuant to \$ 54.313 (f)(1)(ii), as a recipient of CAF Phase il support shall provide the number, names, and addresses of community anchor institutions (at CFR § 54.313)(f)(1)(ii) access to thoradband service in the preceding cleridary year.  (3012) Community Anchor Institutions (at CFR § 54.313)(f)(1)(ii) (3013) Is your company a Princise yellow (PER § 54.313)(f)(1)(ii) (3014) If yes, does your company file the RUS annual report (3015) Plecone check these boxe to confirm that the attached PDF, on line 3017, contains the required information pursuant to \$ 54.313(f)(2) compliance requires:  (3016) PDF of Balance Sheet, Income Statement and Statement of Cash Flows  If the response is yes on line 3014, siyour company audited?  If the response is yes on line 3016, please check the boxes below to confirm your submission, on line 3026 pursuant to \$ 54.313(f)(2), contains:  Copy of their audited financial statement and Statement and Statement of Cash Flows  The response is yes on line 3016, please check the boxes below to to confirm your submission, on line 3026 pursuant to \$ 54.313(f)(2), contains:  Copy of their insurial statement and Statement of Cash Flows  Amangement letter issued by the independent certified public accountant the response is on on line 3026 pursuant to \$ 54.313(f)(2), contains:  Copy of their insurial statement which has been subject to review by an independent certified public accountant or 2) a financial report in a formation subjected to a review by an independent certified public accountant or 2) a financial report in a formation subjected to a review by an independent certified public accountant or 2) a financial report in a formation subjected to a review by an independent certified public accountant or 2) a financial report in a formation subjected to a review by an independent certified pu		Progress Report on 5 Year Plan		
3012   Community Anchor institutions to which began providing access to broadband service in the preceding calendar year.	(3010)		Name of Attached Document Listing Required Information	
3013   Is your company a Privately Held ROR Carrier (47 CRF § 54.313(f)(2))   If yee, does your company file the US annual report   Please check these boxes to confirm that the attached PDF, on line 3017, contains the required information pursuant to § 54.313(f)(2) compliance requires:   3015   Electronic copy of their annual RUS reports (Operating Report for Telecommunications Borrowers)   V     3016   PDF of Balance Sheet, Income Statement and Statement of Cash Flows   If the response is yes on line 3014, attach your company's RUS annual report and all required documentation   If the response is yes on line 3018, please check the boxes below to confirm your submission, on line 3026 pursuant to § 54.313(f)(2), contains     3019   Either a copy of their audited financial statement: or (2) a financial report in a format comparable to RUS Operating Report for Telecommunications   PDF of Balance Sheet, Income Statement and Statement of Cash Flows   Capy of their financial statement in to § 54.313(f)(2), contains:   3020   PDF of Balance Sheet, Income Statement and Statement of Cash Flows   Capy of their financial statement which has been subject to review by an independent certified public accountant, or 2) a financial report in a format comparable to RUS Operating Report for Telecommunications   Capy of their financial statement which has been subject to review by an independent certified public accountant, or 2) a financial report in a format comparable to RUS Operating Report for Telecommunications   Capy of their financial statement which has been subject to review by an independent certified public accountant or 2) a financial report in a format comparable to RUS Operating Report for Telecommunications   Capy of their financial statement or Telecommunications   Capy of their financial statement or Telecommunications   Capy of their financial statement which has been subject to review by an independent certified public accountant   Capy of their financial statement or Telecommunications   Capy of Balance She	(3011)	recipient of CAF Phase II support shall provide the number, names, and addresses of community anchor institutions to which began providing		
Telecommunications Borrowers)  (3016) PDF of Balance Sheet, Income Statement and Statement of Cash Flows  If the response is yes on line 3014, attach your company's RUS annual report and all required documentation  If the response is yes on line 3014, is your company audited?  If the response is yes on line 3018, please check the boxes below to confirm your submission, on line 3026 pursuant to § 54.313(f)(2), contains:  Either a copy of their audited financial statement; or (2) a financial report in a format comparable to RUS Operating Report for Telecommunications  PDF of Balance Sheet, Income Statement and Statement of Cash Flows  Management letter issued by the independent certified public accountant that performed the company's financial audit.  If the response is no on line 3018, please check the boxes below to confirm your submission, on line 3026 pursuant to § 54.313(f)(2), contains:  Copy of their financial statement which has been subject to review by an independent certified public accountant; or 2) a financial report in a format comparable to RUS Operating Report for Telecommunications  Borrowers,  Underlying information subjected to a review by an independent certified public accountant; or 2) a financial report in a format comparable to RUS Operating Report for Telecommunications  Borrowers,  Underlying information subjected to a review by an independent certified public accountant; or 2) a financial report in a format comparable to RUS Operating Report for Telecommunications  Borrowers,  Underlying information subjected to a review by an independent certified public accountant; or 2) a financial report in a format comparable to RUS Operating Report for Telecommunications  Borrowers,  Underlying information subjected to a netween by an independent certified public accountant.	(3013)	Is your company a Privately Held ROR Carrier {47 CFR § 54.313(f)(2)} If yes, does your company file the RUS annual report Please check these boxes to confirm that the attached PDF, on line 3017, contains the required information pursuant to § 54.313(f)(2) compliance	Name of Attached Document Listing Required Information	
Solid   PUP of balanace sheet, income statement and statement of cash Hows	(3015)			
report and all required documentation  Name of Attached Document Listing Required Information  (Yes/No)    If the response is no on line 3018, please check the boxes below to confirm your submission, on line 3026 pursuant to § 54.313(f)(2), contains   Either a copy of their audited financial statement; or (2) a financial report in a format comparable to RUS Operating Report for Telecommunications   PDF of Balance Sheet, Income Statement and Statement of Cash Flows    Management letter issued by the independent certified public accountant that performed the company's financial audit.   If the response is no on line 3018, please check the boxes below to confirm your submission, on line 3026 pursuant to § 54.313(f)(2), contains:   Copy of their financial statement which has been subject to review by an independent certified public accountant; or 2) a financial report in a format comparable to RUS Operating Report for Telecommunications Borrowers,   Underlying information subjected to a review by an independent certified public accountant	(3016)	PDF of Balance Sheet, Income Statement and Statement of Cash Flows		
confirm your submission, on line 3026 pursuant to § 54.313(f)(2), contains  Either a copy of their audited financial statement; or (2) a financial report in a format comparable to RUS Operating Report for Telecommunications  PDF of Balance Sheet, Income Statement and Statement of Cash Flows  Management letter issued by the independent certified public accountant that performed the company's financial audit.  If the response is no on line 3018, please check the boxes below to confirm your submission, on line 3026 pursuant to § 54.313(f)(2), contains:  Copy of their financial statement which has been subject to review by an independent certified public accountant; or 2) a financial report in a format comparable to RUS Operating Report for Telecommunications  Borrowers,  Underlying information subjected to a review by an independent certified public accountant  Underlying information subjected to an officer certification.	, ,	report and all required documentation	Name of Attached Document Listing Required Information	
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(3021) Management letter issued by the independent certified public accountant that performed the company's financial audit.  If the response is no on line 3018, please check the boxes below to confirm your submission, on line 3026 pursuant to § 54.313(f)(2), contains:  Copy of their financial statement which has been subject to review by an independent certified public accountant; or 2) a financial report in a format comparable to RUS Operating Report for Telecommunications Borrowers,  Underlying information subjected to a review by an independent certified public accountant  (3024) Underlying information subjected to an officer certification.  PDF of Balance Sheet, Income Statement and Statement of Cash Flows	(3019)	in a format comparable to RUS Operating Report for Telecommunications		
that performed the company's financial audit.  If the response is no on line 3018, please check the boxes below to confirm your submission, on line 3026 pursuant to § 54.313(f)(2), contains:  Copy of their financial statement which has been subject to review by an independent certified public accountant; or 2) a financial report in a format comparable to RUS Operating Report for Telecommunications Borrowers,  Underlying information subjected to a review by an independent certified public accountant  Underlying information subjected to an officer certification.	(3020)	PDF of Balance Sheet, Income Statement and Statement of Cash Flows		
to confirm your submission, on line 3026 pursuant to § 54.313(f)(2), contains: Copy of their financial statement which has been subject to review by an independent certified public accountant; or 2) a financial report in a format comparable to RUS Operating Report for Telecommunications Borrowers, Underlying information subjected to a review by an independent certified public accountant Underlying information subjected to an officer certification.	(3021)			
(3024) Underlying information subjected to an officer certification.  (3025) PDF of Balance Sheet, Income Statement and Statement of Cash Flows		to confirm your submission, on line 3026 pursuant to § 54.313(f)(2), contains:  Copy of their financial statement which has been subject to review by an independent certified public accountant; or 2) a financial report in a format comparable to RUS Operating Report for Telecommunications Borrowers,  Underlying information subjected to a review by an independent certified		
(3025) PDF of Balance Sheet, Income Statement and Statement of Cash Flows	, ,	•		
				H
(3026) Attach the worksheet listing required information Name of Attached Document Listing Required Information	(3025)	РИН от Balance Sheet, Income Statement and Statement of Cash Flows		
	(3026)	Attach the worksheet listing required information	Name of Attached Document Listing Required Information	

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Certification - Reporting Carrier Data Collection Form		er	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
<010>	Study Area Code	250315	
<015>	Study Area Name	PINE BELT TEL CO	
<020>	Program Year	2014	
<030>	0> Contact Name - Person USAC should contact regarding this data Donna Counselman		
<035>	O35> Contact Telephone Number - Number of person identified in data line <030> 334-385-4025		
<039>	9> Contact Email Address - Email Address of person identified in data line <030> COres@pinebelt.net		

#### TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING ANNUAL REPORTING ON ITS OWN BEHALF:

l certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual reporting requirements for universal service support recipients; and, to the best of my knowledge, the information reported on this form and in any attachments is accurate.			
Name of Reporting Carrier: PINE BELT TEL CO			
Signature of Authorized Officer: CERTIFIED ONLINE	Date 10/10/2013		
Printed name of Authorized Officer: JOHN NETTLES			
Title or position of Authorized Officer: President			
Telephone number of Authorized Officer: 334-385-2106			
Study Area Code of Reporting Carrier: 250315	Filing Due Date for this form: 10/15/2013		

	Certification - Agent / Carrier Data Collection Form		FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013	
<010>	Study Area Code	250315		
<015>	Study Area Name	PINE BELT TEL CO		
<020>	Program Year	2014		
<030>	Contact Name - Person U	SAC should contact regarding this data Doi	nna Counselman	
<035>	Contact Telephone Number - Number of person identified in data line <030> 334-385-4025			
<039>	Contact Email Address - E	mail Address of person identified in data line <03	0> cores@pinebelt.net	

#### TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING ANNUAL REPORTS ON THE CARRIER'S BEHALF:

Certification of Officer to Authorize an Agent to File Annual Reports for CAF or LI Recipients on Behalf of Reporting Carrier					
I certify that (Name of Agent) also certify that I am an officer of the reporting carrier; agent; and, to the best of my knowledge, the reports a	is authorized to submit the information reported on behalf of the reporting carry responsibilities include ensuring the accuracy of the annual data reporting requirements provided to the authorized agent is accurate.				
Name of Authorized Agent:					
Name of Reporting Carrier:					
Signature of Authorized Officer:	Date:				
Printed name of Authorized Officer:					
Title or position of Authorized Officer:					
Telephone number of Authorized Officer:					
Study Area Code of Reporting Carrier:	Filing Due Date for this form:				
Persons willfully making false statements on this form	n be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.				

#### TO BE COMPLETED BY THE AUTHORIZED AGENT:

Certification of Agent Authorized to File Annual Reports for CAF or LI Recipients on Behalf of Reporting Carrier					
	thorized to submit the annual reports for universal service support e reporting carrier; and, to the best of my knowledge, the informati	· · · · · · · · · · · · · · · · · · ·			
Name of Reporting Carrier:					
Name of Authorized Agent or Employee of Agent:					
Signature of Authorized Agent or Employee of Agent:		Date:			
Printed name of Authorized Agent or Employee of Agent:	:				
Title or position of Authorized Agent or Employee of Age	nt				
Telephone number of Authorized Agent or Employee of A	Agent:				
Study Area Code of Reporting Carrier:	Filing Due Date for this form:				
Persons willfully making false statements on this for	rm can be punished by fine or forfeiture under the Communications Act of 1 18 of the United States Code, 18 U.S.C. § 1001.	.934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title			

#### **REDACTED - FOR PUBLIC INSPECTION**

Attachments

## Pine Belt Telephone Co., Inc. (SAC – 250315) Demonstration of Complying with Applicable Service Quality Standards and Consumer Protection Rules

Pine Belt Telephone Co., Inc. ("Company") hereby certifies that it is complying with applicable service quality standards and consumer protection rules. The Company is subject to consumer protection obligations under the Alabama Public Service Commission T-Rules, CPNI, Red Flag Rules and other applicable federal and state requirements governing the protection of customers' privacy.

### Pine Belt Telephone Co., Inc. (SAC – 250315) Demonstration of Ability to Function in Emergency Situations

Pine Belt Telephone Co., Inc. ("Company") hereby certifies that it is able to function in emergency situations as set forth in the Code of Federal Regulations, Title 47, Part 54, Subpart C, §54.202(a)(2)¹ and Rule T-21 Section L of the Alabama Public Service Commission. The Company's network is designed to remain functional in emergency situations without an external power source, is able to reroute traffic around damaged facilities, and is capable of managing traffic spikes resulting from emergency situations as required by Section 54.202(a)(2). The Company can change call routing translations as needed to reroute traffic around damaged facilities. Changing call routing translations can also be used to allow the Company to manage traffic spikes throughout its network, as emergency situations require.

Pine Belt Telephone Co., Inc. maintains a written plan to meet service emergencies resulting from failures of power service, sudden and prolonged increase in traffic, fire, storm, or acts of God, and has trained employees on emergency procedure. All central offices and remotes are supplied with standby generators and battery back-up that enable them to keep running for at least the minimum of four (4) hours, or until system changes are made to reroute traffic. The Business Office is also equipped with generator back-up.

Local service is protected by fiber ring technology which consists of six fiber rings linking 50 remote serving areas to toll service out to the world. The connection to the toll network consists of a self-healing OC-3 fiber-microwave ring with redundancy which re-routes toll traffic in the event of a fiber cut or equipment failure.

Section 54.202(a)(2) requires ETCs that are designated by the Commission to "demonstrate its ability to remain functional in emergency situations, including a demonstration that it has a reasonable amount of back-up power to ensure functionality without an external power source, is able to reroute traffic around damaged facilities, and is capable of managing traffic spikes resulting from emergency situations."

# Redacted – For Public Inspection Pine Belt Telephone Company, Inc.

Operating Report for
Telecommunications Borrowers
Period Ending December 2012